

General

Title

Statin use in persons with diabetes: percentage of patients ages 40 to 75 years who were dispensed a medication for diabetes that receive a statin medication.

Source(s)

Pharmacy Quality Alliance (PQA). Statin use in persons with diabetes. Springfield (VA): Pharmacy Quality Alliance (PQA); 2015. 3 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients ages 40 to 75 years who were dispensed a medication for diabetes that receive a statin medication.

Note: Prescription claims data are used as a proxy for diabetes diagnosis in this measure as well as other Pharmacy Quality Alliance (PQA) and Healthcare Effectiveness Data and Information Set (HEDIS) measures. Medical data used in testing confirmed that the denominator criteria of two prescription claims for a hypoglycemic agent identified a population where a great majority had a diagnosis of diabetes during the measurement year. These criteria also included very few persons with select conditions (i.e., polycystic ovarian syndrome, gestational diabetes or diabetes secondary to another condition) that were considered for exclusion from the measure.

This measure uses only prescription claims as a source of data resulting in the inability to identify individuals with contraindications to statin therapy or other medical exceptions. Therefore the performance rate goal for this measure is not intended to reach 100%.

Rationale

The American College of Cardiology/American Heart Association (ACC/AHA) guidelines (Stone et al., 2013) recommend moderate- to high-intensity statin therapy for primary prevention for persons aged 40 to 75 years with diabetes.

Evidence for Rationale

Pharmacy Quality Alliance (PQA). Statin use in persons with diabetes. Springfield (VA): Pharmacy Quality Alliance (PQA); 2015. 3 p.

Stone NJ, Robinson JG, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC, Watson K, Wilson PW, Eddleman KM, Jarrett NM, LaBresh K, Nevo L, Wnek J, Anderson JL, Halperin JL, Albert NM, Bozkurt B, Brindis RG, Curtis LH, DeMets D, Hochman JS, Kovacs RJ, Ohman EM, Pressler SJ, Sellke FW, Shen WK, Smith SC, Tomaselli GF, American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014 Jun 24;129(25 Suppl 2):S1-S45. [PubMed](#)

Primary Health Components

Diabetes; hypoglycemic agent; statin

Denominator Description

Patients ages 41 to 75 years as of the last day of the measurement year who were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of patients in the denominator who received a prescription fill for a statin or statin combination during the measurement year (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

This measure was pilot tested during measure development (see process below), which included reliability and validity testing.

Process for Development and Testing of Performance Measures

Step 1: Pharmacy Quality Alliance (PQA) workgroups identify measure concepts that may be appropriate

for development into fully specified performance measures. The workgroups focus on specific aspects of the medication-use system and/or specific therapeutic areas. The workgroups are open to all members of PQA and use a consensus-based approach to identify, prioritize and recommend the measure concepts that are deemed to be highly important for supporting quality improvement related to medications.

Step 2: The measure concepts that are recommended for further development through a vote by the PQA workgroups are forwarded to the PQA Quality Metrics Expert Panel (QMEP) for evaluation and refinement. The QMEP reviews the measure concepts to provide an initial assessment of the key properties of performance measures (i.e., feasibility, usability and scientific validity). The measure concepts that are rated highly on these key properties will then undergo technical specification.

Step 3: The draft measure is provided to PQA member organizations for their comments prior to preparing technical specifications for pilot testing. The QMEP reviews member comments, edits the draft measure accordingly and poses testing questions based on this all-member feedback.

Step 4: PQA selects partners to test the draft measure. These partners are often PQA member health plans or academic institutions with expertise in quality and performance measure testing. The testing partner implements the draft technical specifications with their existing datasets and provides a report to PQA that details testing results and recommendations for modifications of the technical specifications.

Step 5: The workgroup that developed the measure reviews the testing results and provides comment. The QMEP reviews the workgroup comments, testing results, recommendations and potential modifications and provides a final assessment of the feasibility and scientific validity of the draft performance measures.

Step 6: Measures that are recommended by the QMEP for endorsement are posted on the PQA web site for member review, written comments are requested, and a conference call for member organizations is scheduled to address any questions. This process allows members to discuss their views on the measures in advance of the voting period.

Step 7: PQA member organizations vote on the performance measure(s) considered for endorsement.

Evidence for Extent of Measure Testing

Pharmacy Quality Alliance (PQA). Process for development and testing of performance measures [available at <http://www.pqaalliance.org>]. Springfield (VA): Pharmacy Quality Alliance (PQA); 2014. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Other

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Age 41 to 75 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients ages 41 to 75 years as of the last day of the measurement year who were dispensed two or more prescription fills for a hypoglycemic agent* during the measurement year

Note:

Continuous Enrollment:

Using Enrollment Data: Subjects should be continuously enrolled during the measurement period. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled).

Proxy for Enrollment When Using Pharmacy-only Data: Two or more prescriptions for any medication, with 150 days between the first fill and the last fill, over a 12 month period.

Measurement Period: The patient's measurement period is generally a calendar year and extends through the last day of the enrollment period or until death or disenrollment.

*Refer to Table A in the original measure documentation for oral hypoglycemic, insulin, incretin mimetics.

Exclusions

Patients in Hospice (Medicare Part D)

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of patients in the denominator who received a prescription fill for a statin or statin combination* during the measurement year

*Refer to Table B in the original measure documentation for statin medications.

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Pharmacy data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Statin use in persons with diabetes.

Measure Collection Name

Pharmacy Quality Alliance (PQA) Measures

Measure Set Name

Diabetes Medication Measures

Submitter

Pharmacy Quality Alliance - Clinical Quality Collaboration

Developer

Pharmacy Quality Alliance - Clinical Quality Collaboration

Funding Source(s)

None

Composition of the Group that Developed the Measure

PQA Workgroup

Financial Disclosures/Other Potential Conflicts of Interest

None

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Feb 19

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jan

Measure Maintenance

Annually

Date of Next Anticipated Revision

2016

Measure Status

This is the current release of the measure.

Measure Availability

Source not available electronically.

For more information, contact the Pharmacy Quality Alliance (PQA) at 6213 Old Keene Mill Court, Springfield, VA 22152; Phone: 703-690-1987; Fax: 703-842-8150; Web site: www.pqaalliance.org
; Email: info@PQAalliance.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on June 25, 2015. The information was verified by the measure developer on July 16, 2015.

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Production

Source(s)

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